

# BEST AVAILABLE COPY

<b>CLAIMS ONLY</b>							SERIAL NO.		FILING DATE		
							APPLICANT(S)				
<b>CLAIMS</b>											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*	
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TOTAL IND.	1										
TOTAL DEP.		2									
TOTAL CLAIMS	3										

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS